

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9628

State File No. 1037

Registrar's No.

APR 15 1941

Registration District No. 277

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home -- 1128 Missouri Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 24 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1128 Missouri Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 12th,
year 1941 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan
1940 to March 12 1941
that I last saw him alive on March 11 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration 4/10/41

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature [Signature] M. D. or other _____
Address [Address] Date signed 3/12/41

3. (a) PRINT FULL NAME John Mulhearn

3. (b) If veteran, name war No 3. (c) Social Security None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Etta Mulhearn 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sept 14th 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>6</u>	<u>2</u>	hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Micheal Mulhearn

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Martin

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Etta Mulhearn

(b) Address 1128 Missouri Ave.

17. (a) Burial (b) Date thereof March 14th
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cem.

18. (a) Signature of funeral director Rose & Henderson

(b) Address K. G. Mo.

19. (a) Nov 2 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No.....
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.